

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C., § 1232g. Do not file in the cumulative record.

Harassment/Discrimination Reporting Form

Broome-Tioga BOCES is committed to providing a safe environment to all members of our community. Despite our best intentions, incidents between students do occur at times. If you wish to report a disturbing incident between two or more students, complete this form and return it to the Dignity Act Coordinator at your student's site (listed below). Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases of confirmed bullying.

Date of report:

Name of student target:	Age:	Grade:	School:
-------------------------	------	--------	---------

Name of alleged aggressor(s) (If known):	Age:	Grade:	School:
--	------	--------	---------

Name(s) of witnesses (if known):

Where did the incident(s) happen (choose all that apply)?

<input type="checkbox"/> On school Property	<input type="checkbox"/> At a school-sponsored activity or event off school property	<input type="checkbox"/> Online/via technology
<input type="checkbox"/> On a school bus	<input type="checkbox"/> On the way to/from school	<input type="checkbox"/> Other: _____

What best describes what happened (choose all that apply):

<input type="checkbox"/> Teasing	<input type="checkbox"/> Threat/Property Damage	<input type="checkbox"/> Stalking	<input type="checkbox"/> Theft/Property Damage
<input type="checkbox"/> Social Exclusion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Public humiliation
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Other: _____	

What did the alleged aggressor(s) say or do? (Include dates, Attach a separate sheet if necessary)

Did a physical injury result from this incident?

No Yes, but it did not require medical attention Yes, and it required medical attention

Is there any additional information you would like to provide? (Attach a separate sheet if necessary)

Name of Person Reporting Incident (Optional):

Place an X in the appropriate box: Student Parent/guardian Other: _____

Site	Coordinator	Phone	Fax	e-Mail
Education Center	Tom McNair, Director	607-763-3632	607-763-3206	tmcnair@btboces.org
East Learning Center	Chuck Wheeler, Principal	607-762-6409	607-762-6402	cwheeler@btboces.org
Johnson City Learning Center	Lynette Bryan, Principal	607-763-3692	607-763-3654	lbryan@btboces.org
West Learning Center	Danielle Major, Principal	607-748-8261	607-748-8262	dmajor@btboces.org
OR				
Assistant Superintendent	James Mullins	607-763-3345	607-763-3213	jmullins@btboces.org